

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

<b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1995</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 241803</b>			
1. Corporation Name <b>CARNIVAL FRUIT COMPANY, INC.</b>			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 475 N.E. 185TH Suite, Apt. #, etc.		25 8801 EXCHANGE DRIVE Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 N. MIAMI BEACH, FL Zip Country		28 ORLANDO, FL Zip Country	
24 33179	25 USA	29 32809	30 USA
3. Date Incorporated or Qualified		3a. Date of Last Report	
12/18/60		03/15/95	
4. FEI Number		Applied For	
59-0912477		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WANDA S. EVANS 8801 EXCHANGE DRIVE ORLANDO, FL 32809		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	DP
NAME		12 NAME	RALEIGH R. STENNETT
STREET ADDRESS		13 STREET ADDRESS	475 NE 185TH, N MIAMI BEACH FL
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE		21 TITLE	ST
NAME		22 NAME	WANDA S. EVANS
STREET ADDRESS		23 STREET ADDRESS	8801 EXCHANGE DR, ORLANDO, FL
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	AS
NAME		32 NAME	BERNADETTE M KRUK
STREET ADDRESS		33 STREET ADDRESS	15303 DALLAS PKWY, DALLAS, TX
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	500001748175
NAME		52 NAME	-03/19/96--01002--013
STREET ADDRESS		53 STREET ADDRESS	***200.00
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Bernadette M. Kruk</u>		3/1/96 214-687-8230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	